PTO/SB/17 (10-07)

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Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). 10/825.367-Conf. #8100 Application Number **FEE TRANSMITTAL** Filing Date April 16, 2004 Martin Svehla First Named Inventor For FY 2008 Examiner Name K. Sonnett Applicant claims small entity status. See 37 CFR 1.27 3731 Art Unit 22409-00005-US TOTAL AMOUNT OF PAYMENT (\$) 930.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): 22-0185 Deposit Account Name Connolly Boye Lodge & Hutz LLP X Deposit Account Deposit Account Number For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of Charge any additional 100(3) or united fee(s) under 37 CFR 1.16 and 1.17 X Credit any overpayments FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES **Small Entity Small Entity Small Entity** Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Utility 310 155 510 255 210 105 50 130 Design 210 105 100 65 Plant 210 105 310 155 160 80 Reissue 310 155 510 255 620 310 Provisional 210 105 0 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 210 105 Multiple dependent claims 370 185 Total Claims Extra Claims Fee (\$) Multiple Dependent Claims Fee Paid (\$) 57 - 57 = \_\_\_\_ x \_\_\_ Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) - 100 = \_\_\_ /50 = (round up to a whole number) x 4 OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00 1801 Request for continued examination (RCE) (see 37 ... 810.00 SUBMITTED BY Registration No. (Attorney/Agent) 39.410 (202) 331-7111 Signature /Michael G. Verga/ Telephone Name (Print/Type) Michael G. Verga Date January 11, 2008

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: _January 11, 2008	Electronic Signature for Michael G. Verga: /Michael G. Verga/